

APPLICATION FOR EMPLOYMENT

PERSONAL INFORMATION

APPLICANT NAME: _____ DATE: _____

LAST

FIRST

MIDDLE

ADDRESS: _____

STREET

CITY

STATE

ZIP

TELEPHONE #: _____ SOCIAL SECURITY #: _____

HOW WERE YOU REFERRED TO US? _____

EMPLOYMENT DESIRED

POSITION APPLIED FOR OR TYPE OF WORK DESIRED: _____

TYPE OF EMPLOYMENT DESIRED: _____ FULL-TIME _____ PART-TIME _____ TEMPORARY
(no guarantee of hours)

DATE YOU WILL BE AVAILABLE TO START WORK: _____ SALARY DESIRED: _____

HAVE YOU EVER BEEN PREVIOUSLY EMPLOYED BY OUR ORGANIZATION? _____ YES _____ NO

ARE YOU EMPLOYED NOW: _____ IF SO, MAY WE INQUIRE OF YOUR PRESENT EMPLOYER: _____

DRIVERS LICENSE NUMBER (IF DRIVING IS AN ESSENTIAL JOB DUTY): _____ STATE: _____

EDUCATIONAL HISTORY

LIST SCHOOL NAME AND LOCATION, YEARS ATTENDED, COURSE OF STUDY, AND ANY DEGREES EARNED:

HIGH SCHOOL: _____

SCHOOL NAME	LOCATION	YRS ATTENDED	COURSE OF STUDY	DEGREE
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COLLEGE: _____

SCHOOL NAME	LOCATION	YRS ATTENDED	COURSE OF STUDY	DEGREE
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COLLEGE: _____

SCHOOL NAME	LOCATION	YRS ATTENDED	COURSE OF STUDY	DEGREE
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TRADE SCHOOL: _____

SCHOOL NAME	LOCATION	YRS ATTENDED	COURSE OF STUDY	DEGREE
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OTHER: _____

OTHER SKILLS AND QUALIFICATIONS

SUMMARIZE ANY JOB-RELATED TRAINING, SKILLS, LICENSES, CERTIFICATES, AND/OR OTHER QUALIFICATIONS: _____

U.S. MILITARY OR NAVAL SERVICE: _____

EMPLOYMENT HISTORY - PLEASE PROVIDE ALL EMPLOYMENT INFORMATION FOR YOUR PAST FOUR EMPLOYERS.

DATES EMPLOYED: FROM _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

DATES EMPLOYED: FROM _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

DATES EMPLOYED: FROM _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

DATES EMPLOYED: FROM _____ TO _____ SALARY: _____ POSITION HELD: _____

EMPLOYER: _____ ADDRESS: _____ TELEPHONE #: _____

IMMEDIATE SUPERVISOR AND TITLE: _____

JOB SUMMARY: _____

REASON FOR LEAVING: _____

PROFESSIONAL REFERENCES

NAME	ADDRESS	BUSINESS	TELEPHONE NUMBER	YEARS ACQUAINTED

NOTICE TO APPLICANTS

I AUTHORIZE INVESTIGATION OF ALL STATEMENTS CONTAINED IN THIS APPLICATION. I UNDERSTAND THAT MISREPRESENTATION OR OMISSION OF FACTS REQUESTED IS CAUSE FOR DISMISSAL. I UNDERSTAND AND AGREE THAT MY EMPLOYMENT MAY BE COVERED BY THE CITY'S AGREEMENT WITH A LOCALIZED UNION. SUCCESSFUL COMPLETION OF DRUG TESTING REQUIREMENTS AND/OR PHYSICAL PROVISIONS IS A CONDITION OF EMPLOYMENT.

APPLICATIONS WILL REMAIN IN AN ACTIVE FILE FOR A PERIOD OF UP TO 30 DAYS. APPLICANTS MUST REAPPLY FOR NEW POSITION OPENINGS.

APPLICANT SIGNATURE: _____ DATE: _____

**RETURN COMPLETED APPLICATION TO: City of Fremont, HR Dept., 400 E Military Ave, Fremont, NE 68025 or
email to: jobs@fremontne.gov phone: 402.727.2630 fax: 402.727.2667 www.fremontne.gov**

Rev. 3/2013

EQUAL EMPLOYMENT OPPORTUNITY (EEO) VOLUNTARY SELF-IDENTIFICATION FORM

Qualified applicants are considered for employment without regard to race, religion, sex, national origin, age, marital status, sexual orientation, veteran status, disability, or other protected characteristic.

The employer is subject to certain governmental recordkeeping and reporting requirements for the administration of civil rights laws and regulations. In order to comply with these laws, the employer invites employees to voluntarily self-identify their race or ethnicity. Submission of this information is voluntary and refusal to provide it will not subject you to any adverse treatment. The information obtained will be kept confidential and may only be used in accordance with the provisions of applicable laws, executive orders, and regulations, including those that require the information to be summarized and reported to the federal government for civil rights enforcement. When reported, data will not identify any specific individual.

This detachable form will be kept in a confidential file separate from your application for employment.

Name (Last, First, MI): _____

Street Address: _____

City, State, Zip Code: _____

Position Applied For: _____ Date Applied: _____

Gender Identification (check one)

_____ Female _____ Male

Race/Ethnic Identification (check one):

_____ **Hispanic or Latino** - A person of Cuban, Mexican, Puerto Rican, South or Central American, or other Spanish culture or origin regardless of race.

If you did not check "Hispanic or Latino" above, please select one of the following race/ethnic identifications.

_____ **White (Not Hispanic or Latino)** - A person having origins in any of the original peoples of Europe, the Middle East, or North Africa.

_____ **Black or African American (Not Hispanic or Latino)** - A person having origins in any of the black racial groups of Africa.

_____ **Native Hawaiian or Other Pacific Islander (Not Hispanic or Latino)** - A person having origins in any of the peoples of Hawaii, Guam, Samoa, or other Pacific Islands.

_____ **Asian (Not Hispanic or Latino)** - A person having origins in any of the original peoples of the Far East, Southeast Asia, or the Indian Subcontinent, including, for example, Cambodia, China, India, Japan, Korea, Malaysia, Pakistan, the Philippine Islands, Thailand, and Vietnam.

_____ **American Indian or Alaska Native (Not Hispanic or Latino)** - A person having origins in any of the original peoples of North and South America (including Central America), and who maintain tribal affiliation or community attachment.

_____ **Two or More Races (Not Hispanic or Latino)** - All persons who identify with more than one of the above five races.

_____ Decline self-identification

Applicant's Signature

Date